


**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

 1987 Hazardous Waste Generation  
and Shipment Report

**IDENTIFICATION AND  
CERTIFICATION**
**FORM**
**IC**

 TAD098721517  
MACKAY-IOWA ENVELOPES  
FLACKSBARTH, TED PLANT MGR  
HAYES INDUSTRIAL PARK  
MT PLEASANT

IA 52641

**WHO MUST COMPLETE THIS FORM?**

Form IC must be completed by every site that received this package.

**INSTRUCTIONS:**

Please read the detailed instructions beginning on page 8 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

Complete Sections I through IV and Sections VI through IX immediately. Complete Section V, certification, after you have finished the full report package.

**SEC.  
I.**

Site name and physical location which may differ from the mailing address. Complete items A through G.

 Mark ☒ for items A, B, C, D, F, and G if same as label; if different, enter corrections. If label is absent, enter information.

 A. Site/company name  
Same as label ☒

or →

B. EPA ID No.

 Same as label ☒

or →

C. Address number and street name of physical location - if not known, enter industrial park, building name or other physical location description

 Same as label ☐

or →

D. City, town, village, etc.

 Same as label ☒

or →

E. County

HENRY

F. State

 Same as label ☒

or →

G. Zip Code

 Same as label ☒

or →

**SEC.  
II.**

Mailing address of site.

 Mark ☒ for A, B, C, and D if same as label; if different, enter corrections.

**RECEIVED**

A. Number and street name of mailing address

 Same as label ☒

or →

B. City, town, village, etc.

 Same as label ☒

or →

C. State

 Same as label ☒

or →

D. Zip Code

 Same as label ☒

or →

**SEC. III.** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report.

A. Please print: Last name

First name

M.I.

B. Title

C. Telephone

FLACKSBARTH TED

PLANT MGR

319 385-9061

Extension

**SEC.  
IV.**

Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. SIC codes are listed beginning on page 1 of the 1987 Hazardous Waste Generation, Shipment and Management Report Codebook.

A.

B.

C.

D.

E.

F.

2677

**SEC.  
V.**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last name

First name

M.I.

Title

FLACKSBARTH TED

PLANT MANAGER

B. Signature

Ted Flacksbarth

Date of signature

 05 26 88  
Mo. Day Yr.

Page 1 of 9

OVER ---&gt;



IA 52641



## OFF-SITE IDENTIFICATION

01

Mark ☒ if you are not required to complete Form OL.

Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable. Make and complete additional copies of this form if you need to identify more than four off-site installations or transporters.

<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter Instruction page 23	B. Name of off-site installation or transporter Page 23
	<input type="text"/>	<input type="text"/>
C. Site type code Page 24	D. Site relationship code Page 24	E. Address of off-site installation Page 24
<input type="text"/>	<input type="text"/>	Street <input type="text"/>
		City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>

Page 41 of 9

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME

*Machay/Plains Envelopes*

EPA ID NO.

*IA1009872115117*



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1987 Hazardous Waste Generation  
and Shipment Report

FORM  
WM

WASTE MINIMIZATION

PART I

WHO MUST COMPLETE THIS FORM?

Form WM Part I, describing efforts undertaken to implement waste minimization programs, must be completed by all generators required to file an Annual/Biennial Report. This requirement was established in response to statutory provisions included in the Hazardous and Solid Waste Amendments of 1984 (HSWA).

NOTE: Generators shipping hazardous waste off site are required to certify, on Item 16 of the Uniform Hazardous Waste Manifest, that they have a program in place to reduce, to the degree determined economically practicable, the volume and toxicity of hazardous waste generated. A similar certification must also be made by generators who have obtained a RCRA treatment, storage, or disposal permit. Consistent with these certification requirements, generators must report, on Form WM Part I, the efforts undertaken to implement waste minimization programs.

INSTRUCTIONS:

Please read the detailed instructions on page 25 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

Answer questions 1 through 10. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

1. Did this site create or expand a source reduction and recycling program?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Create	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Did this site have a written policy or statement that outlined goals, objectives and methods for source reduction and recycling of hazardous waste?

	1987	1986	Prior Years
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.

	1987	1986	Prior Years
Capital expenditures	\$ <u>0</u>	\$ <u>0</u>	\$ <u>10,000.00</u>
Operating costs	\$ <u>4K</u>	\$ <u>4K</u>	\$ <u>4K</u>

4. Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Did this site conduct a source reduction and/or recycling opportunity assessment or audit? Note: an opportunity assessment or audit is a procedure that identifies practices that can be implemented to reduce the generation of hazardous waste or the quantity which must subsequently be treated, stored or disposed.

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Site-Wide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Process-Specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did this site identify or implement new SOURCE REDUCTION opportunities to reduce the volume and/or toxicity of hazardous waste generated at this site?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Identify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What factors have delayed or prevented implementation of SOURCE REDUCTION opportunities. MARK ☒ NEXT TO ALL THAT APPLY.

- ☒ a. Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- ☒ b. Lack of technical information on source reduction techniques, applicable to my specific production processes.
- ☐ c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☐ d. Concern that product quality may decline as a result of source reduction.
- ☐ e. Technical limitations of the production processes.
- ☐ f. Permitting burdens.
- ☐ g. Other (SPECIFY) \_\_\_\_\_

8. Did this site identify or implement new RECYCLING opportunities to reduce the volume and/or toxicity of hazardous waste generated at this site or subsequently treated, stored, or disposed of on site or off site?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Identify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Implement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EPA ID NO. 17AD0198721517

9. What factors have delayed or prevented implementation of on-site or off-site RECYCLING opportunities. MARK ☒ NEXT TO ALL THAT APPLY.

- ☒ a. Insufficient capital to install new recycling equipment or implement new recycling practices.
- ☐ b. Lack of technical information on recycling techniques applicable to this site's specific production processes.
- ☐ c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☐ d. Concern that product quality may decline as a result of recycling.
- ☐ e. Requirements to manifest wastes inhibit shipments off site for recycling.
- ☐ f. Financial liability provisions inhibit shipments off site for recycling.
- ☐ g. Technical limitations of product processes inhibit shipments off site for recycling.
- ☐ h. Technical limitations of production processes inhibit on-site recycling.
- ☐ i. Permitting burdens inhibit recycling.
- ☐ j. Lack of permitted off-site recycling facilities.
- ☒ k. Unable to identify a market for recyclable materials.
- ☐ l. Other (SPECIFY) \_\_\_\_\_

10. Has this site requested or received technical information or financial assistance on source reduction and/or recycling practices from any of the following sources? MARK ☒ NEXT TO ALL THAT APPLY.

	1987		1986		Prior Years	
	Technical	Financial	Technical	Financial	Technical	Financial
a. Local government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. State government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Federal government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trade associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Educational institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Other parts of your firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other firms/consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. No request made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (conferences, literature, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

SITE NAME

Mackay House Envelopes

EPA ID NO.

IA 009 87



## 1987 Hazardous Waste Generation and Shipment Report

**FORM**  
**WM**

## WASTE MINIMIZATION

## PART II

Form WM Part II must be completed only by generators that engaged in an activity during 1987 that resulted in waste minimization.

(1) reduction in the volume and/or toxicity of hazardous waste generated as a result of source reduction; and/or,

(2) reduction in the volume and/or toxicity of hazardous waste subsequently treated, stored, or disposed as a result of on-site or off-site recycling.



Mark ☒ and do not complete this form if no waste minimization results were achieved during 1987.

**INSTRUCTIONS:**

Please read the detailed instructions beginning on page 26 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

**Make and complete a photocopy of this form for each hazardous waste minimized in 1987.**

Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. EPA hazardous waste code Instruction Page 27		B. State hazardous waste code Page 27		C. Product or service description Page 27	D. Product or service SIC code Page 27
	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>			
E. Waste form code Page 27	F. UOM Page 28	G. Density Page 28		H. Source description: Page 28	I. Source code Page 28	
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Sec. II	A. 1986 quantity generated Instruction Page 29	B. 1987 quantity generated Page 29	C. Production ratio Page 29	D. Toxicity change code Page 31
	<input type="text"/>	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>
E. Waste minimization; recycling Page 31	F. Waste minimization; source reduction Page 32			
Code		Quantity recycled	Code	Quantity prevented
1. <input type="text"/>	2. <input type="text"/>	<input type="text"/>	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>	<input type="text"/>

<p>Sec. III</p>	<p>A. Narrative description of waste minimization project or activity and results achieved</p> <p>Instruction Page 39</p>
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Sec.  
IV.**Instructions:** Answer questions 1 through 4. Mark ☒ next to the effects produced by the source reduction and/or recycling activity reported on this form in Sections I through III.

1. What effect did this site's source reduction and/or recycling activity have on the **quantity of water effluent** produced by hazardous waste generation processes during 1987?  
☐ a. Increase in the quantity of water effluent  
☐ b. Decrease in the quantity of water effluent  
☐ c. No effect on the quantity of water effluent  
☐ d. Don't know
2. What effect did this site's source reduction and/or recycling activity have on the **toxicity of water effluent** produced by hazardous waste generation processes during 1987?  
☐ a. Increase in the concentration of hazardous constituents  
☐ b. Decrease in the concentration of hazardous constituents  
☐ c. No effect on the concentration of hazardous constituents  
☐ d. Don't know
3. What effect did this site's source reduction and/or recycling activity have on the **quantity of air emissions** produced by hazardous waste generation processes during 1987?  
☐ a. Increase in the quantity of air emissions  
☐ b. Decrease in the quantity of air emissions  
☐ c. No effect on the quantity of air emissions  
☐ d. Don't know
4. What effect did this site's source reduction and/or recycling activity have on the **toxicity of the air emissions** produced by hazardous waste generation processes during 1987?  
☐ a. Increase in the concentration of hazardous constituents  
☐ b. Decrease in the concentration of hazardous constituents  
☐ c. No effect on the concentration of hazardous constituents  
☐ d. Don't know

Comments:





U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1987 Hazardous Waste Generation  
and Shipment Report

FORM  
GS

WASTE GENERATION AND  
SHIPMENT

IA098721517  
MACKAY-IOWA ENVELOPES  
FLACKSBARTHATED PLANT MGR  
HAYES INDUSTRIAL PARK  
MT PLEASANT

IA 52641

WHO MUST COMPLETE THIS FORM?

Form GS must be completed by every site that generated hazardous waste on site or shipped hazardous waste off site during 1987.

☐

Mark ☒ if you are not required to complete Form GS.

INSTRUCTIONS:

Please read the detailed instructions beginning on page 12 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

Make and complete a photocopy of this form for each hazardous waste generated on site or shipped off site during 1987.

Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I	A. Waste description Instruction Page 12 <i>Waste Ethyl Alcohol Ink Mixture - Flammable Liquid</i>				
B. EPA hazardous waste code Page 12 <i>101011</i>			C. State hazardous waste code Page 13 <i>UN1170</i>		
D. SIC code Page 13 <i>2677</i>		E. Source code Page 13 <i>110</i>		F. Waste form code Page 13 <i>451</i>	G. Waste minimization results Page 13 <i>0</i>

Sec. II	A. Organics Instruction Page 14 High <input type="checkbox"/> Low <input type="checkbox"/> Test <input type="checkbox"/> Note <i>0</i>	B. Water Page 15 High <input type="checkbox"/> Low <input type="checkbox"/> Note <i>0</i>	C. Total Solids Page 15 High <input type="checkbox"/> Low <input type="checkbox"/> Note <i>0</i>	D. Suspended Solids Page 15 High <input type="checkbox"/> Low <input type="checkbox"/> Note <i>0</i>	E. BTU Page 16 High <input type="checkbox"/> Low <input type="checkbox"/> UOM <input type="checkbox"/> Note <i>0</i>	F. Toxic Metals Page 16 Metal High Low Test 1. <i>41X</i> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 2. <i>41G</i> <input type="checkbox"/> <input type="checkbox"/> <i>99</i> 3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G. pH Page 18 High <input type="checkbox"/> Low <input type="checkbox"/> Note <i>0</i>	H. Flashpoint Page 18 High <i>710</i> °F Low <input type="checkbox"/> °F Note <input type="checkbox"/>	I. Cyanides Page 19 High <input type="checkbox"/> Low <input type="checkbox"/> Test <input type="checkbox"/> Note <i>0</i>	J. Halogens Page 20 High <input type="checkbox"/> Low <input type="checkbox"/> Note <i>0</i>	K. Radioactive Page 20 Yes <input type="checkbox"/> No <input type="checkbox"/> Note <i>0</i>		

Sec. III	A. 1986 quantity hazardous waste generated Instruction Page 20 <i>NA</i>	B. 1987 quantity hazardous waste generated Page 20 <i>29920</i>	C. UOM Page 21 <i>0</i>	D. Density Page 21 <i>NA</i> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
E. Quantity hazardous waste on site on January 1, 1987 Page 21 <i>0</i>			F. Quantity hazardous waste remaining on site on December 31, 1987 Page 21 <i>0</i>	

Sec. IV	A. EPA ID No. of facility to which waste was shipped Instruction Page 22 <i>IN1019131191013</i>	B. Number of shipments Page 22 <i>1</i>	C. Transport mode Page 22 <i>0</i>	D. Off-site T/S/D/R code Page 22 <i>039</i>	E. Total quantity shipped Page 22 <i>29920</i>
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Comments:

*Facility used distillation process to recover ethyl alcohol*